

on statin therapy, probably at lower dose, and have all the clinical benefits associated with statin treatment.

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## Reply

## Is Myopathy the Achilles' Heel of Statins?

## Differences Between the New Cholesterol Treatment Guidelines and Everyday Clinical Practice

The American College of Cardiology Foundation/American Heart Association (ACCF/AHA) welcomes letters to inform its ongoing work and encourages such correspondence about its guidelines. Because the ACCF/AHA guideline development process is rigorous and involves several layers of review by the writing committee, external peer reviewers, and participating organizations in the document, it cannot respond to each issue raised after a guideline has been published. The information, however, is forwarded to the writing committee chair and oversight task force

for review. If any issue is deemed by the ACCF/AHA to affect patient safety, it will be considered immediately. Otherwise, the information will be considered during the next update or revision of the guideline.

## The American College of Cardiology

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## Carotid Intima-Media Thickness and Cardiovascular Disease Risk Prediction



The 2013 American College of Cardiology and American Heart Association guideline on the assessment of cardiovascular risk gave a class III recommendation for carotid intima-media thickness (IMT) testing (1). This assessment was based on an inaccurate description of the clinical use of carotid IMT testing by focusing only on the common carotid artery (CCA). The American Society of Echocardiography consensus statement (2) and others have specified that carotid ultrasound for cardiovascular disease risk prediction should be based on a thorough scan of the carotid arteries for the presence of plaques, followed by measurement of CCA IMT. This is because the presence and extent of carotid plaque, which occurs predominantly in the carotid bifurcation and internal carotid artery, rather than the CCA, are independent predictors of future cardiovascular disease events and in observational studies have performed better than CCA IMT alone (3). The consensus statement, which has been widely adopted, specifically stipulates that measuring CCA IMT without considering plaque presence is not sufficient; however, the evidence that provided the working group with the “strongest evidence” for its class III recommendation was a meta-analysis based solely on CCA IMT (4).

The working group raised important concerns about standardization and measurement issues, but the clinical use of this test has been standardized for more than 5 years (2) and has published appropriate use criteria (5), and its reproducibility is excellent, even in inexperienced hands. We believe that a class IIb recommendation would be more appropriate, on the basis of the test characteristics of carotid IMT plus plaque scanning.

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Please note: Dr. Stein is chair of a data and safety monitoring board on lipid-lowering drugs for Eli Lilly and Company, is listed on a patent assigned to the Wisconsin Alumni Research Foundation related to carotid ultrasound and vascular age, and